

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Classification or Doctor Number

09/582863

BEST AVAILABLE COPY

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|----------------------------------|---------------|--------------|
| BASIC FEE | | |
| TOTAL CLAIMS | 19 minus 20 = | |
| INDEPENDENT CLAIMS | 4 minus 3 = | 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| Total | 38 | Minus | 20 |
| Independent | 4 | Minus | 7 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY

| RATE | FEES | RATE | FEES |
|-------|------|-----------|------|
| XS 9- | | OR XS 16- | 970 |
| XS 9- | | OR XS 18- | |
| XS 9- | | OR X78- | 78 |
| +130- | | OR +260- | |
| | | TOTAL OR | 1048 |

SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|-------|----------------|--------------------|----------------|
| XS 9- | | OR XS 16- | |
| XS 9- | | OR X78- | |
| +130- | | +260- | |
| | | TOTAL ADDT. FEE OR | 1048 |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| Total | 44 | Minus | 38 |
| Independent | 3 | Minus | 4 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|-------|----------------|--------------------|----------------|
| XS 9- | | OR XS 16- | 720 |
| XS 9- | | OR X78- | |
| +130- | | +260- | |
| | | TOTAL ADDT. FEE OR | 720 |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| Total | 45 | Minus | 44 |
| Independent | 4 | Minus | 4 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|-------|----------------|--------------------|----------------|
| XS 9- | | OR XS 16- | 50 |
| XS 9- | | OR X78- | |
| +130- | | +260- | |
| | | TOTAL ADDT. FEE OR | 50 |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.